

DMV Lane Technician Observation Report

DMV Technician: <i>Krah - Ray</i>		Position: 1 or 2	
Station:		Date: <i>5-15-13</i>	Time: <i>8:35</i>
Vehicle Make: <i>Ford</i>		Model: <i>4 in 1 STAL</i>	Year: <i>2002</i>
GVWR: <i>5400</i>	Fuel Type:	Registration Number: <i>U0933890</i>	
Auditor:		Covert / <u>Overt</u> (circle one)	
		YES	NO
1. Did technician check vehicle paper work and verify VIN number?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Was Emissions testing required?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
a) Was Emissions testing performed using OBD?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Was Emissions testing performed using Analyzer Probe?		<input type="checkbox"/>	<input type="checkbox"/>
c) Was Emissions testing performed using Paddle(s)?		<input type="checkbox"/>	<input type="checkbox"/>
d) Was Emissions testing performed using Clip?		<input type="checkbox"/>	<input type="checkbox"/>
3. Was Catalytic Converter inspection required?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?		<input type="checkbox"/>	<input type="checkbox"/>
4. Was Fuel Tank pressure testing required?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?		<input type="checkbox"/>	<input type="checkbox"/>
5. Was Fuel Cap pressure testing required?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?		<input type="checkbox"/>	<input type="checkbox"/>
6. Is this test a Re-check from a prior failure?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Which re-check test is being performed? 1 2 3 (circle one)		<input type="checkbox"/>	<input type="checkbox"/>
b) If this is re-check #3, was repair paperwork verified for waiver?		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
New Castle and Kent Counties Only		<input type="checkbox"/>	<input type="checkbox"/>
7. Was Two-Speed Idle testing required?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Was Two-Speed Idle testing performed?		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
Sussex County Only		<input type="checkbox"/>	<input type="checkbox"/>
8. Was Curb Idle testing required?		<input type="checkbox"/>	<input type="checkbox"/>
a) Was Curb Idle testing performed?		<input type="checkbox"/>	<input type="checkbox"/>
Comment:			
Lane Supervisor Signature:			

DMV Lane Technician Observation Report

DMV Technician: <i>Ricardo Francis</i>		Position: <u>1 or 2</u>	
Station: <i>W/In</i>	Date: <i>5-15-13</i>	Time: <i>2:49</i>	
Vehicle Make: <i>Chrysler</i>	Model: <i>Trail Blazer</i>	Year: <i>2004</i>	
GVWR: <i>5760</i>	Fuel Type: <i>GAS</i>	Registration Number: <i>PC #7884</i>	
Auditor: <i>Quanda Le</i>		Covert / <u>Overt</u> (circle one)	

	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	<input checked="" type="checkbox"/>		
2. Was Emissions testing required?	<input checked="" type="checkbox"/>		
a) Was Emissions testing performed using OBD?	<input checked="" type="checkbox"/>		
b) Was Emissions testing performed using Analyzer Probe?			
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was Catalytic Converter inspection required?			<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?			
4. Was Fuel Tank pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?			
5. Was Fuel Cap pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?			
6. Is this test a Re-check from a prior failure?		<input checked="" type="checkbox"/>	
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
New Castle and Kent Counties Only			
7. Was Two-Speed Idle testing required?		<input checked="" type="checkbox"/>	
a) Was Two-Speed Idle testing performed?			
Sussex County Only			
8. Was Curb Idle testing required?			
a) Was Curb Idle testing performed?			
Comment:			
Lane Supervisor Signature:			

DMV Lane Technician Observation Report

DMV Technician: <u>Rodriguez Steve</u>		Position: <u>1 or 2</u>	
Station: <u>with</u>	Date: <u>5-15-13</u>	Time: _____	
Vehicle Make: <u>Jeep</u>	Model: <u>Wrangler</u>	Year: <u>2007</u>	
GVWR: <u>5400</u>	Fuel Type: <u>Gas</u>	Registration Number: <u>FD 45918</u>	
Auditor: <u>Coverdale</u>		Covert / Overt (circle one)	
	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	<input checked="" type="checkbox"/>		
2. Was Emissions testing required?	<input checked="" type="checkbox"/>		
a) Was Emissions testing performed using OBD?	<input checked="" type="checkbox"/>		
b) Was Emissions testing performed using Analyzer Probe?			
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was Catalytic Converter inspection required?			<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?			
4. Was Fuel Tank pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?			
5. Was Fuel Cap pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?			
6. Is this test a Re-check from a prior failure?			<input checked="" type="checkbox"/>
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
New Castle and Kent Counties Only			
7. Was Two-Speed Idle testing required?		<input checked="" type="checkbox"/>	
a) Was Two-Speed Idle testing performed?			
Sussex County Only			
8. Was Curb Idle testing required?			
a) Was Curb Idle testing performed?			
Comment:			
Lane Supervisor Signature: _____			

DMV Lane Technician Observation Report

DMV Technician: <i>Ben Felt Robert</i>		Position: <u>1 or 2</u>	
Station: <i>Wilm</i>	Date: <i>5-15-13</i>	Time: <i>2:35</i>	
Vehicle Make: <i>Subaru</i>	Model: <i>5-15-1</i>	Year: <i>2000</i>	
GVWR:	Fuel Type: <i>GAS</i>	Registration Number: <i>PC 45916</i>	
Auditor: <i>Cowden he</i>		Covert / Overt (circle one)	
	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	<input checked="" type="checkbox"/>		
2. Was Emissions testing required?	<input checked="" type="checkbox"/>		
a) Was Emissions testing performed using OBD?	<input checked="" type="checkbox"/>		
b) Was Emissions testing performed using Analyzer Probe?			
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was Catalytic Converter inspection required?			<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?			
4. Was Fuel Tank pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?			
5. Was Fuel Cap pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?			
6. Is this test a Re-check from a prior failure?		<input checked="" type="checkbox"/>	
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
New Castle and Kent Counties Only			
7. Was Two-Speed Idle testing required?		<input checked="" type="checkbox"/>	
a) Was Two-Speed Idle testing performed?		<input checked="" type="checkbox"/>	
Sussex County Only			
8. Was Curb Idle testing required?			
a) Was Curb Idle testing performed?			
Comment:			
Lane Supervisor Signature:			

DMV Lane Technician Observation Report

DMV Technician: <u>Gland, Robert</u>		Position: <u>1 or 2</u>	
Station: <u>Wilmy</u>	Date: <u>5-15-13</u>	Time: <u>1:30</u>	
Vehicle Make: <u>Lexus</u>	Model: <u>IS 350</u>	Year: <u>2006</u>	
GVWR:	Fuel Type: <u>GAS</u>	Registration Number: <u>233757</u>	
Auditor: <u>Bowditch</u>	Covert / Overt (circle one)		

	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	<u>L</u>		
2. Was Emissions testing required?	<u>L</u>		
a) Was Emissions testing performed using OBD?	<u>L</u>		
b) Was Emissions testing performed using Analyzer Probe?			
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was Catalytic Converter inspection required?			<u>✓</u>
a) Was Catalytic Converter inspection performed?			
4. Was Fuel Tank pressure testing required?			<u>L</u>
a) Was Fuel Tank pressure testing performed?			
5. Was Fuel Cap pressure testing required?			<u>L</u>
a) Was Fuel Cap pressure testing performed?			
6. Is this test a Re-check from a prior failure?		<u>✓</u>	
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
New Castle and Kent Counties Only			
7. Was Two-Speed Idle testing required?		<u>✓</u>	
a) Was Two-Speed Idle testing performed?			
Sussex County Only			
8. Was Curb Idle testing required?			
a) Was Curb Idle testing performed?			
Comment:			
Lane Supervisor Signature:			

DMV Lane Technician Observation Report

DMV Technician: <i>Matthew S. Jones</i>		Position: <u>1 or 2</u>	
Station: <i>W/In</i>	Date: <i>5-5-13</i>	Time: <i>2:30</i>	
Vehicle Make:	Model: <i>Pick-up</i>	Year: <i>2008</i>	
GVWR: <i>5350</i>	Fuel Type: <i>GAS</i>	Registration Number: <i>2H3093</i>	
Auditor: <i>Conda K</i>		Covert / Overt (circle one)	
	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	<input checked="" type="checkbox"/>		
2. Was Emissions testing required?	<input checked="" type="checkbox"/>		
a) Was Emissions testing performed using OBD?	<input checked="" type="checkbox"/>		
b) Was Emissions testing performed using Analyzer Probe?			
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was Catalytic Converter inspection required?			<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?			
4. Was Fuel Tank pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?			
5. Was Fuel Cap pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?			
6. Is this test a Re-check from a prior failure?		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
New Castle and Kent Counties Only			
7. Was Two-Speed Idle testing required?		<input checked="" type="checkbox"/>	
a) Was Two-Speed Idle testing performed?			
Sussex County Only			
8. Was Curb Idle testing required?			
a) Was Curb Idle testing performed?			
Comment:			
Lane Supervisor Signature:			